

Outcomes of a research project to identify the enablers and barriers to effective preceptorship for newly qualified nurses

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Facilitating Effective Preceptorship

A collaborative research project to identify the support required to facilitate the transition from student to registered nurses

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Background

- It has been known for a long time that the transition from student to newly qualified nurse is likely to be traumatic and often leads to nurses leaving nursing early in their career (Kramer 1966, 1974 UKCC 1990).
- The Darzi Report identified that preceptorship should be invested in and that employers should provide protected time for newly qualified nurses to “begin the journey from novice to expert” (Darzi 2008:72).
- The Department of Health definition of preceptorship for newly qualified practitioners is: ‘A period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning.’ (DH 2010:11).

Aim of the Project

- To identify the level and type of support required to facilitate the transition from student to registered nurses.

Method

- A qualitative case study design based on the research principles indicated by Lincoln and Guba (1985) and Stake (1995).
- See the “Study Design Flowchart” for the research process followed.

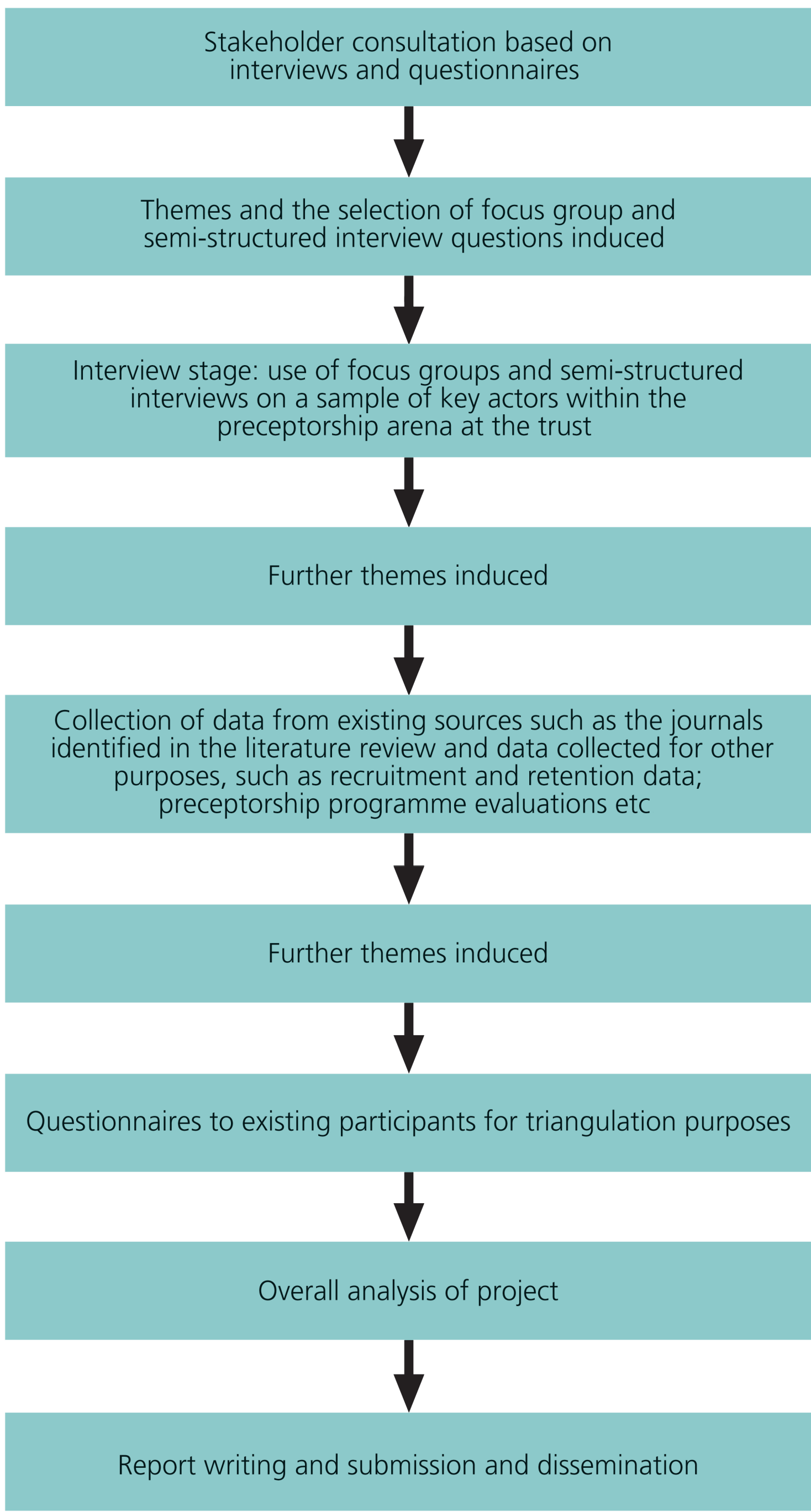
Initial Findings

- Preceptorship is the most effective method of supporting the transition from student to confident and competent practitioner (indicated by systematic review).
- Preparation and support of preceptors is essential (indicated by systematic review and focus group evidence).
- Peer support for preceptees is important (indicated by systematic review, interviews and focus group evidence).
- “Time to precept” is vital and requires the release of preceptors and preceptees from clinical duties for sufficient time for them to engage in a meaningful relationship to support the newly qualified practitioner through their transition (indicated by systematic review, interviews and focus group evidence).
- Organisational support structures need to be in place to facilitate the above activities (indicated by systematic review, interviews and focus group evidence).
- Recognition of the purpose and status of preceptorship within the culture of the organisation is necessary to enable the components listed above(indicated by systematic review, interviews and focus group evidence).



A Collaborative project

Study Design Flowchart



Newly qualified nurses say...

“I’d like something that can be adapted and made personal for you but that is structured.”

“You do need someone to check in on you now and again. I keep saying yeah, but then it’s not.”

“The worst thing is that we are really hard on ourselves. We expect that we should know all those things and when we don’t we’re really critical.”

“Everyone helped me – the whole team, Sister, Matron everyone.”

“Ideally you’d want someone to be perceptive of your need, someone to work out without asking that you need help. For example, my preceptor said he could see it in my face.”

“I felt like that at first, but now if struggling will say and return favour.”

“I’d like to pass on that it gets better – you definitely aren’t the only one who feels like that.”

Preceptors say...

“If you got allocated a preceptee you need to be rostered together at least 50% of time.”

“We need to have supernumerary time for the period of preceptorship.”

“With competency comes confidence.”

“The preceptor should be supernumerary too – two weeks isn’t long enough.”

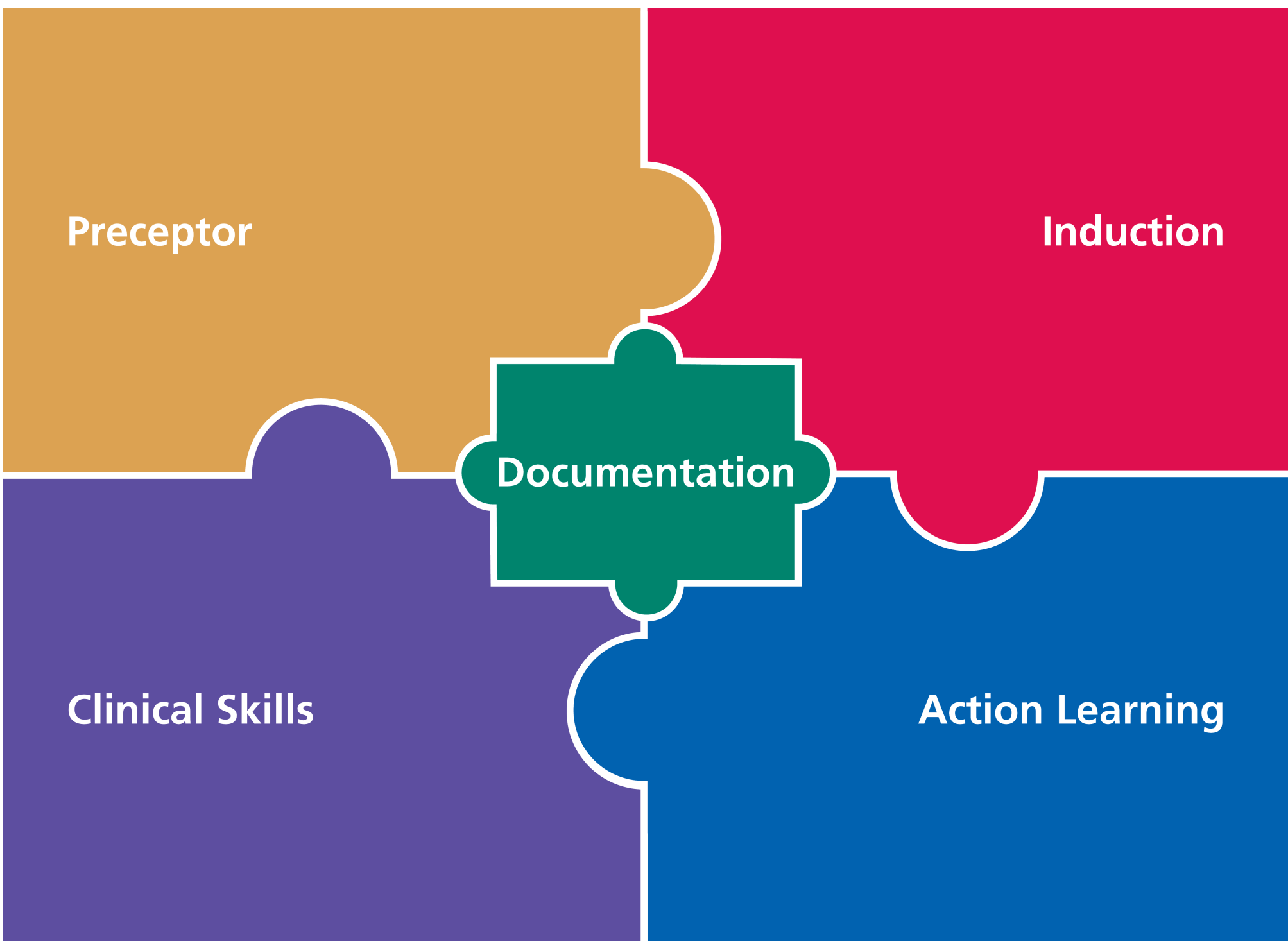
“In my mind, three years training mean that the newly qualified nurse is able to nurse or else they shouldn’t have passed. They should be safe & competent. As a preceptor you should be there to guide and enhance and consolidate training.”

“Time is the most important factor. There is no time to nurse, never mind to support new nurses. We spend most of our time in paper working, constantly covering our back.”

Implications for Practice

- Implementation and evaluation of action learning sets.
- Development of preceptorship outcome measures.
- Construction and implementation of a model of preceptorship.

The Proposed Model of Preceptorship



Preceptorship Outcome Measures

Please complete at the end of preceptorship

1. I feel confident that I know what is expected from me in my role as a staff nurse

1 2 3 4 5 6 7 8 9 10
(low) (high)

2. I feel confident that I can make the right clinical decisions

1 2 3 4 5 6 7 8 9 10
(low) (high)

3. I am confident that my interpersonal skills are sufficiently well developed in relation to working with patients

1 2 3 4 5 6 7 8 9 10
(low) (high)

4. I feel comfortable with the level of clinical knowledge that I possess

1 2 3 4 5 6 7 8 9 10
(low) (high)

5. I feel comfortable about dealing with patients’ and relatives’ questions and concerns

1 2 3 4 5 6 7 8 9 10
(low) (high)

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